The Government of the Northwest Territories

Response to *Healing Voices:* the Report of the Minister's Forum on Addictions and Community Wellness

Northwest Territories Health and Social Services

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Message from the Minister
Response to the Minister's Forum on Addictions and Community Wellness

The Government of the Northwest Territories is committed to ensuring that NWT residents have the tools and support they need to heal and recover from addictions.

In 2012 the Minister's Forum on Addictions and Community Wellness was convened. We asked twelve respected community leaders to come together, to travel to communities, and to learn directly from our people what solutions are most effective in overcoming addictions and promoting community wellness.

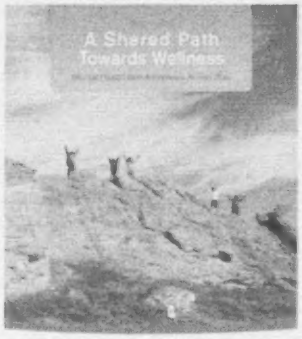
I want to thank Mr. Paul Andrew, the Chair of the Forum, and all the members for their efforts. After the Forum completed its work last year, 67 recommendations were put forward in their final Report, *Healing Voices*. Many of these recommendations perfectly align with our Mental Health and Addictions Action Plan, *A Shared Path Towards Wellness*. The Report also identified a need for new services and approaches.

The impact of addictions goes well beyond the individual. Families, communities and even our economy can be affected. Addictions issues are linked to poverty and low educational achievement, and can affect parents' ability to care for their children and meet their needs.

The NWT is a diverse region, made up of many different cultures with their own traditional beliefs and practices. We must provide options, so people can determine their own pathways to wellness. The Department of Health and Social Services is working to put in place a range of addiction treatment services; to meet the needs of all residents of the Northwest Territories, and to break trail for people to follow their own pathways to wellness and addiction-free lives.

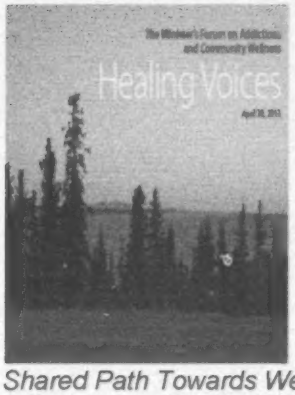
Glen Abernethy
Minister of Health and Social Services

Introduction



In June 2012 the Department of Health and Social Services released *A Shared Path Towards Wellness*, a three-year (2012 – 2015) action plan for mental health and addictions programs and services in the NWT. The plan has three key parts: community focus and engagement; collaborative partnerships with other departments and agencies; and, an integrated continuum of care.

The 2012 – 2015 action plan outlined 48 initiatives that were intended to promote understanding, awareness and acceptance of mental health and addictions issues, to better focus on the needs of clients, to improve the availability of and access to services, and to improve the effectiveness of services.



One of the first priorities of the action plan was to convene a Minister's Forum on Addictions and Community Wellness. Under the leadership of Mr. Paul Andrew, the 11 Forum members (appointed by the Minister on the recommendations of Aboriginal and regional leadership) travelled to 23 communities between December 2012 and March 2013. Their task was to listen to the people of the NWT about what works, and what does not work, in addictions and wellness programs. The Forum presented its report, *Healing Voices*, to former Minister of Health and Social Services Tom Beaulieu in May 2013, and the Minister tabled the report in the Legislative Assembly in June. In their report the Forum members made 67 recommendations, many of which were closely aligned with the initiatives outlined in *A Shared Path Towards Wellness*. For instance, the mental health and addictions action plan calls for more support to communities in offering on-the-land and traditional healing options for mental health and addictions programming; the Forum report identified community-based and operated on-the-land programming to be the people's top priority.

As the Chair of the Standing Committee on Social Programs, Mr. Alfred Moses has observed, "Addictions and poverty are the biggest problems we've got in the Northwest Territories, and there is no one who is not touched by them." Mental health and addictions is one of the Government of the Northwest Territories' top priorities.

The Government of the Northwest Territories is pleased to present its response to each of the 67 recommendations made by the Minister's Forum on Addictions and Community Wellness. The Government would like to acknowledge the positive contributions made by each of the members of the Forum, whose dedication to their task has resulted in strong guidance for the future of addictions programs, and to thank all those who took the time to meet with the Forum Members. The Government would also like to acknowledge the Chair of the Forum, whose leadership and vision made *Healing Voices* a reality.

New Model for Addictions Programs

The recommendations in *Healing Voices* guided the Department of Health and Social Services in developing a new model for addictions that focuses on activities at three levels, as presented below.

The new model illustrates three different levels of addictions programs. At the base are health promotion activities (such as alcohol awareness and education), prevention programs, and programs aimed at overall individual, family and community wellness. At the top are clinical treatment programs, such as those available in residential treatment centres. In the middle are programs that focus on spiritual and cultural healing; these programs are aimed at resolving issues such as the trauma experienced in residential schools and the cultural impacts resulting from colonization. The inclusion of these middle-tier programs reflects a significant addition to addictions programs, in recognition of the fact that for some people, healing from trauma and reconnection with culture and traditional practices are necessary before treatment and recovery from addiction are possible.

These differing levels of programming form the continuum of care that is one of the three key parts identified in *A Shared Path Towards Wellness*.

The curved lines within the pyramid reflect the fact that the pathways to healing and wellness are not the same for everyone. For many people, the promotion and prevention programs at the first level of the continuum are sufficient for them to achieve and maintain personal wellness free from addictions. For other people, especially those experiencing the inter-generational impacts of residential schools, personal wellness free from addictions can only be achieved through a process of spiritual healing and cultural reconnection – the programs clustered at the second level. Finally, for some people, the pathway to wellness requires accessing clinical treatment programs at the third level of the continuum. These differing pathways emphasize the need to focus on the person, one of the four goals of *A Shared Path Towards Wellness*. There

is no one-size-fits-all solution to addictions issues: every person with an addiction must find their own pathway to wellness.

Promotion, prevention, and wellness programs are typically delivered at the community level, while clinical treatment programs are typically, but not exclusively, delivered within a facility setting. In the past, mental health and addictions programs were either delivered in the community (e.g., the Community Counselling Program) or in residential settings, such as treatment centres.

What is new in addictions programming in the NWT is a recognition of the importance of spiritual healing and cultural reconnection in the continuum of addictions programs, and the inclusion of on-the-land programs. The Department is working closely with a number of Aboriginal governments to create partnerships in the delivery of on-the-land healing programs.

These additions are responsive to what the members of the Minister's Forum heard from the people in communities. The delivery of spiritual and cultural healing programs in on-the-land settings has been a missing piece in the continuum of addiction programs; the Government's response to the Minister's Forum recommendations will fill that gap.

The Table that follows presents the Government of the Northwest Territories' response to the 67 recommendations made by the Minister's Forum on Addictions and Community Wellness, in its *Healing Voices* report.

Forum Recommendations	GNWT Response
On the Land Programs	
1. Support community-based and operated on-the-land programs that have clear community-stated goals and outcomes to treat addictions	Agreed On-the-land programming will continue to be a part of future programming. The Department of Health and Social Services (the Department) is engaged in discussions with a number of Aboriginal and community governments to advance the implementation and delivery of on-the-land programming throughout the NWT. The initial goal is to have a minimum of three regional on-the- land pilot programs in 2014.
2. Develop programming for on-the-land camps that include a diverse range of cultural and traditional experiences, traditional knowledge, and the wisdom of the elders, as well as modern approaches and best practices for treating addictions.	Agreed Programs must be developed in partnership with communities so that they are reflective of local culture, language and traditions and make use of the existing services and infrastructure in each region. The Department will collaborate with Aboriginal governments as we move forward with increasing the amount of programming offered on the land. The Department of Justice is working to establish an elder-centered on-the-land program that will best meet the needs of offenders, communities, and the Corrections Service. It is expected that this program will provide support to offenders who wish to address issues like addictions. South Mackenzie Correctional Centre is also running an addictions treatment program which includes some time spent on the land.

3. Provide funding and support that allows on-the-land programs to be delivered over extended periods of time (up to six months) and be available to families.	Agreed in Principle Implementing this recommendation is not feasible in the short term. Accommodating entire families for extended periods of time on the land may simply be too expensive. The Department will be in a better position to estimate the costs of implementing this recommendation once it has completed a few on-the-land pilot projects. However, there may be opportunities to advance this recommendation through partnerships. Currently support is available through the Department of Justice to develop and implement sustainable local justice programming in the areas of restorative justice, victim services, Fetal Alcohol Spectrum Disorder (FASD), and community policing and crime prevention. Communities can access funding through the Community Justice Initiative and the Victims Assistance Fund for on-the-land activities structured to meet the needs of local residents. The Department of Education, Culture and Employment may be able to provide assistance through income support for on-the-land programming.
Programs and services for youth	
4. Support community-based on-the-land programs for youth aimed at addictions prevention, treatment, healing and aftercare.	Agreed Programs must be developed in partnership with communities so that they are reflective of local culture, language, and traditions and make use of the existing services and infrastructure in each region. The Department is currently working with partners in the Dehcho to develop an on-the-land addictions intervention program for youth which, when completed, can be offered in all regions. The Department of Justice provides support to Community Justice Committees to send diverted youth to spend some time on the land with an elder or another local person. This program works with high-risk youth by connecting them with traditional values and positive role models.

5. Fund and resource safe spaces for youth, such as youth centres, in every community in a way that reflects their importance in delivering addictions prevention programs and services to young people.	Agreed in Principle Currently the infrastructure to implement this recommendation does not exist in all communities. However, the Department of Municipal and Community Affairs provides financial support to a number of communities to provide operational support to youth centres and youth-designated facilities on the basis of annual applications.
6. Provide funding and support for activities aimed at youth, including (but not limited to) cultural activities, music, sports, art, dance and new media (video and digital technologies)	Agreed The Department of Municipal and Community Affairs offers funding for communities to develop youth programs that promote active living and recreational activities that are safe and substance free. The Department of Education, Culture and Employment and the Arts Council also offer support for youth for cultural activities.
7. Incorporate more information about addictions and the harmful effects of drugs and alcohol into school curriculums.	Agreed The Department will work with the Department of Education, Culture and Employment to ensure that mental health and addictions are reflected in the Education Renewal and Innovation initiative.
8. Increase collaboration between government department and non-government organizations that provide programs and services for youth, such as Take a Kid Trapping (Investment Trade and Technology), Youth Centres (non-government), Active After School (MACA).	Agreed The Department is collaborating with a number of departments, including Justice and Education, Culture and Employment, to develop an integrated case management approach so that clients are better served by the whole system of care. The Department also works collaboratively with Municipal and Community Affairs and other departments on the implementation of the Healthy Choices Framework. Programs offered by the Department of Industry Tourism and Investment, such as Take a Kid Trapping, will continue to teach participants traditional knowledge and lifestyle skills, and how to benefit from the wisdom of their elders. Inter-departmental collaboration is reflected in the work of the Social Envelope Committee of Cabinet and the work of the Social Envelope Deputy Ministers' committee.

9. Increase the Government's use of traditional media and social media to convey key messages and maintain an ongoing dialogue with youth and families about substance abuse, addictions, and treatment options.	Agreed A combination of traditional and social media is essential to convey key messages. The Department has begun the second phase of "My Voice, My Choice", which is a drug and alcohol awareness campaign aimed at youth aged 13 - 18. The "Feel Real" radio show, You Tube, and Twitter feeds are key elements of the second phase of the "My Voice, My Choice" marketing campaign. The Department is also considering how to increase the use of plain language and Aboriginal languages in more traditional communication settings.
10. Provide people in communities with training that allows them to access and provide effective addictions programs and services for youth.	Agreed The Department is providing training for frontline workers, including our partners with Non-Governmental Organizations and Aboriginal Governments. Training will be offered to primary care workers in screening, brief interventions and, the appropriate referral of youth with mental health and addictions issues. The Department will continue to offer Mental Health First Aid training and the Applied Suicide Intervention Skills Training program
11. Review and revise existing processes within the health and social services system for referring youth to treatment in order to ensure that treatment is accessible for all youth.	Agreed The Department has completed an internal review of the referral process for both adults and youth to southern residential treatment. The treatment referral process has been shortened and streamlined so individuals can have faster access to the services they need.

Treatment	
12. Adopt culture-based approaches to providing treatment, aftercare and ongoing support for people with addictions.	Agreed Programs must be developed in partnership with communities so that they are reflective of local culture, language, and traditions and make use of the existing services and infrastructure in each region. The Department will be collaborating with Aboriginal and community governments to develop three regional on-the-land pilot programs. Lessons learned from the regional pilot programs for on-the-land youth programs will provide a foundation for future plans. The Department will also work with communities and Health and Social Services Authorities to explore aftercare options at the community level. Programs are an integral part of the Department of Justice Corrections Service. Programs help offenders identify root causes, triggers and situations that lead to offending and provide an opportunity for offenders to develop skills, strategies and supports to better respond to these situations, reducing the risk they present to themselves and others. Corrections Service offers numerous cultural programs designed to address the needs of aboriginal offenders.
13. Maintain the cultural integrity of addictions programs and services in order to eliminate barriers to culture-based approaches, such as difficulties securing liability insurance.	Agreed The Department's new model for addictions programming recognizes the importance of cultural integrity, as reflected in the addition of spiritual and cultural healing into the continuum of addictions programs. The Department will continue to explore options with respect to the liability insurance issue, including the possibility of partnerships between community organizations and Tides Canada, which carries appropriate liability coverage.
14. Streamline existing application processes and improve referral processes to reduce paperwork and wait times for residential treatment.	Agreed This is a top priority for the Department and the application process has already been changed. The Department can now review and approve treatment applications and initiate referral within 24 hours of receiving the completed treatment package. This has decreased the overall wait times significantly.

15. Provide ongoing intake and access to treatment centres for individuals seeking help.	Agreed The Department has and will continue to provide access to treatment centres for individuals seeking help with their struggle against addictions. The treatment referral process has been shortened and streamlined so individuals can get the help faster. The Department works with the client's counsellor /case manager to ensure that clients are prepared and committed to attend treatment and that aftercare plans are in place to support clients when they return to their community.
16. Develop a communications strategy aimed at informing the public about territorial treatment options and how to access them.	Agreed The Department will develop a communications strategy celebrating sobriety and providing information on the treatment options. The Strategy will be completed and rolled out in 2014.
17. Increase the capacity to offer gender-specific residential treatment to NWT residents.	Agreed The Department has partnered with southern facilities which provide gender specific programs with continues intake. The Department refers both men and women at the same time, resulting in no wait times to access treatment simply because of gender.
18. Offer residential treatment options of up to 90 days.	Agreed With the addition of southern treatment programs, the Department now offers access to residential treatment programs of up to 90 days.
20. Develop residential treatment capacity to address primary issues such as mental illness, residential school trauma, and childhood sexual abuse.	Agreed The Department can now offer residential treatment that can address primary issues such as mental health, post-traumatic stress disorder from residential school trauma and childhood sexual abuse.

21. Support the development of a culturally relevant mobile healing team of highly trained people who can address primary issues such as childhood sexual abuse, abandonment, violence, and mental abuse as well as residential school effects as needed by communities throughout the NWT.	Agreed in Principle The Department agrees that culturally relevant mobile healing teams are an option that should be explored further. The Department will continue to work with our regional partners to design and create a model that works for each region. After completing research on best practices and the results of programs offered in other jurisdictions, the Department will consider the development of a pilot mobile treatment option. Early indications are that it may prove difficult to find qualified organizations with the capacity to offer mobile treatment in the immediate future. One qualified organization has expressed interest, but has indicated that a minimum of six-months planning would be required to put a program together.
22. Have Nats'ejée K'éh staff coordinate with inter-agency representatives, led by community wellness or mental health and addictions workers to develop a mandatory, six month after care program.	Agreed in Principle Although the Department did not renew the contract with the Nats'ejée K'éh Board, the Department is committed to engaging communities to support aftercare programs. This will include an increased focus on the importance of aftercare in the training provided to staff in the Community Counselling Program, an exploration of the potential for using on-the-land programs specifically designed to support individuals who have attended treatment, and examining the potential for using telehealth as a way of delivering Alcoholics Anonymous meetings in communities where there may not be enough people in recovery to establish a formal group.
23. Develop detox programs and services for those who require them that could be completed before entering residential treatment.	Agreed The Department will develop withdrawal management protocols for small, medium, and large communities for individuals before they enter a residential treatment program. The Department is currently researching best practices in withdrawal management and will be determining the best approaches to these services at the community, regional, and territorial levels. The withdrawal management protocols will be completed by 2015/16.

24. Ensure that emergency detox services are available at the community level.	Agreed Withdrawal management is sometimes referred to as "detox". Not everyone requires medical or social withdrawal management, however, if there are medical concerns or complications for the client during detoxification, NWT hospitals will accommodate the person to prevent any medical risk. The Department will continue to research options for safe and appropriate withdrawal management services for the NWT and expects to have options developed by September 2014, for implementation in 2015/16.
Funding	
25. Provide multi-year, base-plus, core funding for addictions programs and services.	Agreed in Principle The Department supports multi-year funding to NGOs when it is appropriate for the program being supported; funding decisions are made on a case-by-case basis.
26. Invest in research and training to develop programs and services that fully address addictions issues in the NWT.	Agreed in Principle To the extent possible within existing resources, the Department will continue to ensure training is available to frontline staff on best practices in addiction therapy in order to ensure clients are successful in treatment programs. In addition, staff with the Community Counselling Program will be provided with on-going professional development opportunities so they have the appropriate skills, knowledge and abilities to provide therapeutic counselling based on best practices. Training for professionals will be provided to ensure they are better equipped to support youth in overcoming substance misuse, to limit the progression of addiction issues and intervene as early as possible.
27. Explore public-private partnerships to deliver addictions programs and services.	Agreed in Principle The Department would be open to considering private delivery of addictions programs if any interested organizations were to develop a business case and submit a proposal.

28. Encourage community-based organizations to collaborate, instead of compete, for funding.	Agreed The Department supports the development of a multi-stakeholder community wellness plans and is working closely with the communities so that each community has a wellness plan that identifies its priorities. As of November 2013, 30 NWT communities have developed wellness plans, many of which contain on-the-land components. Department regional staff will continue to work with community stakeholders to facilitate partnerships in the delivery of addictions programs.
Celebrating Success	
29. Introduce media campaigns that profile individuals and communities who are successfully dealing with addictions.	Agreed The Department will develop a communications strategy celebrating sobriety and offering profiles of "good news stories" of healing and recovery. The strategy will be completed by September 2014
30. Recognize milestones related to addictions, such as quitting smoking or being drug-free for 100 days, by holding community events or celebrations.	Agreed The Department will encourage communities to celebrate success stories, and for its part the Department will incorporate success stories into its Feel Real radio show and other communications concepts.
31. Develop a campaign that celebrates sobriety and addiction-free living, similar to existing campaigns such as the White Ribbon campaign organized by men to end men's violence against women, Iqaluit's smoke-free home light bulbs campaign, or wear a heart pin to show you are someone who can help an addict.	Agreed A ribbon campaign, or something similar using feathers or drums, will be included as part of Department's communications strategy celebrating sobriety and providing information on the treatment options

32. Recognize the workers and volunteers that support individuals struggling with addictions.	Agreed Recognition of individuals (both workers and volunteers) will be considered as part of the Department's communications strategy celebrating sobriety and offering profiles of "good news stories" of healing and recovery. This has already begun with the engagement of both Mr. Paul Andrew and Senator Nick Sibbeston.
33. Recognize and celebrate leaders who live healthy and addiction-free lifestyles.	Agreed Recognition of leaders will be considered as part of the Department's communications strategy celebrating sobriety and offering profiles of "good news stories" of healing and recovery.
SECONDARY RECOMMENDATIONS	
Social Issues	
34. Expand the NWT Liquor Commission's addictions awareness and prevention initiatives.	Agreed The NWT Liquor Commission is continually expanding its programs and campaigns. The Commission will be putting the majority of its effort into education and prevention concerning Fetal Alcohol Spectrum Disorder and underage drinking. Educating the public, especially youth, will be of benefit to all NWT residents.
35. Continue to strengthen, promote and expand current wellness initiatives such as those listed in the Appendix.	Agreed The Government will continue to support those programs that show evidence of successful outcomes, such as 'Take a Kid Trapping", "Not Us", and "My Voice, My Choice".

36. To combat homelessness, offer affordable housing for low-income individuals and families to provide them with stability and security.	Agreed The NWT Housing Corporation operates 2,400 public housing units in communities across the Northwest Territories. These are provided on a rent geared to income basis, with tenants paying from about 4.0% of their income for households earning less than $20,000 per year to 19.5% of their income for households earning $100,000 or more per year. On average, the NWT Housing Corporation subsidizes about 86% of the operating cost for public housing units and all of the capital costs. The NWT Housing Corporation will continue to offer a range of programs like the Transitional Rent Supplement Program and the public housing units that support adequate, suitable and affordable housing options for the people of the NWT.
37. Allow those living in public housing to offer temporary safe spaces to youth without penalty.	Agreed The NWT Housing Corporation allows youth to move into a residence on a temporary basis without penalty, because rent is calculated in public housing based on gross household income. If the youth moves in for a longer term, tenants need to advise the Local Housing Officer so the individual can be added to the lease.
38. Schedule flexible hours of work for community health and wellness workers on evenings and weekends so that all individuals can easily access programs and support.	Agreed in Principle Though the Employer has the ability to schedule hours of work and essentially can make the Community Health & Wellness workers into shift-workers, there are a number of challenges in doing this. Of these the primary concerns will be having sufficient staff to create and maintain a workable schedule that would allow shifts to be rotated on an equitable basis. Schedules would then need to be submitted for approval of the UNW. Another prime concern would be the safety of the worker if required to work alone on evenings and weekends.

39. Subsidize healthy food (milk, eggs and fruit) instead of alcohol, to help people live a healthy lifestyle.	Not Agreed Alcohol is not subsidized in the NWT. All costs are passed on to the consumer and then a liquor mark-up is applied. Healthy foods are already subsidized through Health Canada's Nutrition North Program. The Department will continue to provide nutrition education to encourage people to eat culturally acceptable healthy foods. Healthy food is also provided to youth through in-school programs.
40. Provide a range of parenting skill development opportunities to build healthy families.	Agreed The Departments of Education, Culture and Employment and Health and Social Services provide parenting programs through the Framework for Early Childhood Development. This includes the Healthy Family Program which is a home visitation program for new parents and young mothers. This program is currently available in 15 communities and efforts are underway to expand the programs in all communities based on availability of resources. The Department of Education, Culture and Employment and the Department of Health and Social Services are examining opportunities to integrate the Healthy Family program with Child and Family Resource Centres. The Department of Justice provides the Family Law Mediation and the Parenting After Separation programs to assist parents who are going through separation and divorce. In the Mediation Program a mediator assists couples as they try to reach an agreement about their children. The Parenting after Separation Program consists of a half-day, free workshop. The workshop helps increase parents' knowledge about separation and divorce, including the effect it has on them and their children. Topics discussed include dealing with separation and loss; methods of effective communication; legal issues such as custody, access and support; and exercises to assist with planning for new living situations. Both programs are being evaluated.
41. Promote an understanding that Dene hand games are Aboriginal traditions, and not gambling.	Agreed The GNWT celebrates and supports the culture and practices of Aboriginal peoples.

Professional Competencies	
42. Establish pay equity for non-government health and wellness workers, including elders, who specifically work with people struggling with addictions that reflects the value of this work, as well as the serious risk those addictions pose to the NWT.	Not Agreed The GNWT cannot impose pay equity for non-government workers. However, we do recognize that NGOs deliver critical programs and are subject to inflation, and therefore there may be opportunities for Departments to seek forced growth as part of the business planning cycle, where warranted.
43. Provide cultural and addictions awareness programs for community-based professionals, such as nurses, doctors, RCMP and teachers.	Agreed The Department of Human Resources recently launched the Aboriginal Culture and Awareness program which offers training aids to employees to help them increase their cultural awareness and provide historical information on government and Aboriginal relationships. In addition, the mandate of the newly-established Department of Health and Social Services Aboriginal Health and Community Wellness division will include expanding opportunities for enhancing cultural safety training for front line workers. Teachers are already able to benefit from local cultural orientation programs that the Government funds school boards to provide.
44. Provide ongoing professional development opportunities for community wellness workers and addictions counsellors. This should include modern best practices as well as traditional Aboriginal approaches that have proven successful in preventing and treating addictions.	Agreed The Mental Health First Aid Training workshops teach participants how to recognize the signs that someone might be experiencing a mental illness or a mental health crisis, including substance-related disorders and how to safely intervene and connect that person to formal resources. These workshops include a Train-the-Trainer module so we can ensure there are Northern facilitators to make a sustainable training program.

45. Work with Aurora College to develop a two-year diploma program and four-year degree program for addictions counsellors. Both programs should incorporate experiential and culture-based approaches based on the past work of the Dene Cultural Institute, the Nechi Institute, and Aurora College.	Not Agreed Aurora College offers the two-year diploma Social Work program to prepare social workers for a northern, generalist practice to work with individuals, their families and communities with a wide range of helping and intervention skills. The credits earned by completing the diploma program can be put towards a Bachelors' Degree in Social Work. The Department is exploring options that include the use of the Nats'ejée K'éh facility including using the facility as a training centre to develop professional skills and capacities of frontline addictions and mental health staff.
46. Introduce a zero tolerance policy toward alcohol and drugs for all those who deliver addictions programs and services.	Not Agreed Some of the people who deliver addictions programs and services do not work for the GNWT so the Government cannot introduce a zero tolerance policy. "Leading by example" will be promoted and reinforced with the communications strategy of celebrating successes.
Mental Health	
47. Raise public awareness about mental health issues as well as the services that NWT residents can access for support.	Agreed The Department is developing a communications strategy in combination with the Mental Health First Aid Training workshops to raise awareness respecting mental health issues and the programs and services available.
48. Provide information about mental health in all NWT official languages.	Agreed The GNWT provides access in all NWT official languages respecting information about mental health programs and services.

49. Build capacity for community-based organizations, through training and education, so they can effectively help others access the mental health services they need.	Agreed The Department offers free training programs to frontline staff and community members and will continue to focus financial and human resources to develop training and capacity building for all frontline workers. The Mental Health First Aid Training workshops teach participants how to recognize the signs that someone might be experiencing a mental illness or a mental health crisis, including substance-related disorders and how to safely intervene and connect that person to formal resources. These workshops include a Train-the-Trainer module so we can ensure there are Northern facilitators to make a sustainable training program.
50. Adopt mental health best practices from other jurisdictions that can be applied effectively in the North.	Agreed The Department seeks out best practices in mental health and addictions treatment. The Department has approval for a new position with a specific focus on research and how to apply best practices on training and capacity building in a northern setting. The position will be advertised by the end of March 2014.
51. Address social and cultural barriers associated with mental health issues and terminology.	Agreed The Department attempts to overcome the social and cultural barriers associated with the stigma of mental health as well as raising awareness on specific issues and terminology. The Aboriginal Health and Community Wellness Division was established in the Department to explore how to improve the delivery of services to Aboriginal communities, including development of appropriate terminology.

Cooperation and collaboration	
52. Coordinate inter-agency meetings to address addictions in every community and remove existing barriers that discourage cooperation between groups, such as competition for available funding or limits on the ability to share information.	Agreed The Department has created the Aboriginal Health and Community Wellness Division to work with multi-stakeholders to develop tailored wellness plans for their community. As of November 30, 2013, 30 NWT communities have developed a wellness plan, many of which contain on-the-land components. Aboriginal Health and Community Wellness regional staff will have a specific mandate to work with communities to develop and support inter-agency groups.
53. Model a territorial campaign that focuses on alcohol and drugs after existing successes, such as "Don't Be a Butthead".	Agreed The Department will continue the territorial campaign "My Voice, My Choice". This is a drug and alcohol awareness campaign aimed at youth aged 13-18, which incorporates prevention and awareness messaging and profiles "good news stories" of healing and recovery. The Department of Justice is also continuing the *Not Us!* Campaign that aims to raise awareness about drugs and encourage communities to get active and involved with their youth. The Department provides $10,000 for initial launch and $5,000 annually to communities to develop and sustain local initiatives to discourage substance abuse, as well as illegal sale of drugs.
54. Encourage interagency groups to meet on the land once per year.	Agreed The GNWT supports the idea of interagency groups meeting on a regular basis to share information and collaborate. Community wellness funding could be accessed to make that happen and the community wellness groups are uniquely placed to act as a focal point.

55. Hold an annual territorial conference that specifically addresses addictions and community wellness.	Agreed in Principle This may be difficult to do on an annual basis, but as part of wellness planning, the Department will consider hosting regular conferences which can provide training and professional development, and act as a forum to discuss best practices and broader social issues. When the Department's 2014/15 budget is approved, consideration will be given to holding an addictions and community wellness conference at some point during the fiscal year.
Policing and Corrections	
56. Establish wellness courts and other diversion programs for offenders with addictions.	Agreed The Department of Justice is working with the judiciary to continue the domestic violence treatment options court and to develop and implement an NWT Wellness Court that will focus on underlying issues of addictions and mental illness. In addition, the Departments of Justice, Health and Social Services, Education, Culture and Employment and the NWT Housing Corporation will collaborate on integrated case management approaches for high risk clients with mental health and addictions needs. This collaborative approach will support the successful implementation of the Wellness Court.
57. Establish more addictions counselling and cultural outreach in all territorial correctional facilities.	Agreed The Department of Justice will continue to offer programs such as Moderate Intensity National Substance Abuse Program and use Traditional Liaison Counsellors to help offenders stay connected to their culture and with their communities. Offenders who are struggling with addictions issues can access programs and counselling while they are in custody.
58. Encourage continued cooperation between the RCMP and other agencies such as victim support workers to deal with offenders that are struggling with addictions.	Agreed The Department of Justice will continue to encourage cooperation and collaboration to help offenders in their struggle with addictions. Currently, the staff at correctional facilities work with community corrections staff to plan for the release of offenders including the need for further addictions counselling and support. Also, the RCMP works with Victim Services to assist victims of crime and their families.

59. Implement smoking cessation programs and supports in correctional centres.	Agreed Smoking is not permitted in any of the Department of Justice correctional facilities. Support is provided to offenders who are having difficulties with smoking cessation, including one-on-one counselling by nurses.
60. Promote early release to enable offenders to access residential treatment programs.	Agreed The Department of Justice's correctional facilities review all offenders for early release after they have served 1/6th of their sentence. The review includes a risk assessment of the offender's likelihood to reoffend. Each offender works with their case manager to develop a plan for release that includes the identification of programs. Accessing residential treatment programs will be the choice of the individual.
61. Provide offenders in correctional facilities with opportunities to contact friends and families through phone, email or Skype, at the institution's expense.	Agreed Offenders will continue to have access to telephones while in custody. If they are unable to pay for long distance charges, they can make a request to their case manager. Access to computers will not be provided due to a range of issues and challenges in controlling the use of computers (e.g. access to child pornography, continuation of criminal activities, etc.).
62. Encourage reconciliation programs and services aimed at healing the relationship between Aboriginal people and the RCMP.	Agreed Promoting public trust and confidence in policing services is one of the priorities established by the Minister of Justice for the RCMP in the NWT. RCMP are responding to this priority by working with community leadership to identify and respond to local policing priorities, communicating regularly on activities and results and by being active members of their communities. The RCMP will continue to work with communities to develop annual policing plans based on local priorities.

63. Increase liquor inspections and improve community cooperation with police to eliminate bootlegging.	Agreed Bootlegging is an illegal activity that has been identified by many communities in the development of policing plans. Control and enforcement of bootlegging is only possible when community members work with the RCMP to bring forward complaints, evidence and testify. The number of liquor inspections should continue to be based on the risk profile of the licensed premises. High-risk licensees are inspected more frequently than those considered to be low-risk. In addition, the RCMP conduct nightly walk throughs in all communities where there are licensed premises.
64. Re-examine current drinking and driving laws in the NWT such as the possibility of changing the laws to zero percent alcohol for drivers under 21.	Not Agreed The effect of drinking and driving is the same regardless of the age of drivers. The legal limit is set at .05 mg in the NWT for all drivers regardless of age. The *Motor Vehicles Act* sets out different penalties for drivers under the Graduated Drivers' License system which prohibits drivers from driving with any alcohol in their blood for the first two years of driving (Class 7 and 5P drivers' license).

Gambling as an addiction	
65. Recognize gambling as an addiction and provide the public with more information and support to deal with problems.	Agreed The effect of gambling as an addiction will be considered as part of the DHSS' communications strategy celebrating sobriety and offering profiles of "good news stories" of healing and recovery.
66. Assess municipal and territorial laws related to the legality of gambling to find ways to control it. This would include investigating and addressing illegal gambling houses in communities throughout the NWT.	Not Agreed The GNWT recognizes the impact that gambling and other social vices have on the social well-being of communities. The Government currently licenses charitable or religious organizations for specifics forms of gaming such as bingos and raffle lotteries under the *NWT Lotteries Act*. The GNWT is not contemplating a review of municipal and territorial laws or any new gaming schemes at this time. Gambling that takes place without a valid municipal or territorial lottery license is a criminal code violation as is "keeping a gaming or betting house". Violations of the Criminal Code of Canada remain the responsibility of the RCMP to investigate and enforce.
Addictions advisory board	
67. Establish an advisory board with regional representation to oversee the implementation of the Forum's recommendations, provide annual reports on the NWT progress in addressing addictions, and continue to explore new ways to improve the delivery of addictions programs and services.	Not Agreed Yet another board would only cloud the lines of accountability and add complexity to an already complex system. Each region has a health and social services authority with band members appointed by the Minister, whose mandate include providing advice on regional approaches and concerns.

Northwest Territories

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATĮE K'ĘĘ EDATŁ'ÉH
ENAHDDHĘ NIDE NAXETS'Ę EDAHŁÍ

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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